

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF QUALIFICATION OF A DOMESTIC LIMITED LIABILITY PARTNERSHIP

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$100 payable to SECRETARY OF STATE

Telephone # _____
FAX # _____

1. The name of the limited liability partnership is _____

The name shall contain the words "Registered Limited Liability Partnership", or "Limited Liability Partnership", or "R.L.L.P." or "L.L.P.", or "RLLP", or "LLP" as the last words of the name

2. The street address of the partnership's chief executive office.

Street Address	City	State	ZIP+4
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Mailing Address (Optional)	City	State	ZIP+4
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3. If the address listed in number 2 is not a South Dakota street address question number 4 must be completed.

4. The South Dakota Registered Agent name _____

Street Address (Required to be a South Dakota Address)	City	State	ZIP+4
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Mailing Address (Optional – Required to be a South Dakota Address)	City	State	ZIP+4
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When listing a Commercial Registered Agent, please state their CRA #.
This number can be obtained from the Commercial Registered Agent.

5. The partnership elects to be a limited liability partnership.

6. The deferred effective date of the registration if it is not to be effective upon filing of the registration

I declare under penalty of perjury that the contents of the above statement are accurate. Statement must be signed by at least two partners.

Dated _____

(Signature of a partner)

(Printed Name)

Dated _____

(Signature of a partner)

(Printed Name)